

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/519030

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other <i>Paymed for search</i>			\$ 400

7 TOTAL AMOUNT OF REFUND \$ 1

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 03-1935

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

Winston Adams

National Stage Processing

Paralegal Specialist

OFFICE:

(703) 265-6421

PHONE:

***** THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: